

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-02-3616.M2

May 15, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0554-01

IRO Certificate No.: IRO 5055

Dear

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Worker's Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Anesthesiology and Pain Management.

**THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE
DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.**

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 15TH day of May, 2002.

Sincerely,

Secretary & General Counsel

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case #M2-02-0554-01, in the area of Anesthesiology and Chronic Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of three lumbar sympathetic blocks for right lower extremity.
2. _____correspondence and documentation.
3. Designated doctor evaluation.
4. Records from 2002 and 2001.
5. Records from 2000.

B. SUMMARY OF EVENTS:

The patient is a 42-year-old female who suffered an apparent work-related injury to her left hand on _____. The initial treatment involved surgery. A clear reflex sympathetic dystrophy syndrome followed in the

upper and lower extremities. A spinal stimulator was implanted, with some effect. Stellate ganglion blocks were performed with some success for facial and upper extremity symptoms. The patient continued to require significant narcotic analgesia, and a morphine spinal infusion pump was implanted on 4/11/00 by _____. The initial rate was 1 mg of morphine per day. Records indicate that she now receives 12.4 mg per day.

On 1/04/01, _____ notes progressive lower extremity pain and recommends lumbar sympathetic blockade. On 2/06/01, the first lumbar sympathetic block is performed. On 2/13/01, _____ records a 70% improvement in pain with increased function for the week post block. The second lumbar sympathetic block is performed 3/02/01. No notes are available to assess the effect of this block. On 4/24/01, the third block is performed. _____ notes indicate a 70% improvement in the right leg pain, and this is on 4/30/01. A fourth block, a bilateral lumbar sympathetic block, is performed on 5/24/01. _____ note of 6/13/01 states there has been a 50% improvement in leg pain. Nevertheless, spinal morphine infusion is increased to 10.8 mg per day. A final bilateral lumbar sympathetic block is performed on 10/16/01 for an apparent exacerbation of pain. No effect of this block is available in the notes.

On 12/13/01, _____ recommends a series of three lumbar sympathetic blocks for an exacerbation of right leg pain and symptoms.

On 2/12/02, _____ again requests approval for a series of lumbar sympathetic blocks for exacerbation of the patient's RSD leg symptoms. The morphine infusion is now increased to 12.4 mg per day.

C. OPINION:

1. I AGREE WITH THE DETERMINATION OF THE _____ UTILIZATION REVIEWS OF 4/02/02 AND 1/10/02.
2. The reviewers are concerned that documentation of the efficacy and longevity of the previous lumbar sympathetic blocks is not sufficiently documented. The first and third blocks are noted to provide improvement for a one-week period. During the time period of the five blocks, the morphine infusion is increased from 8.8 to 10.8 mg per day. The final lumbar sympathetic block of 10/16/01 is performed for an exacerbation of the patient's RSD symptoms, not long-term chronic symptoms. Thus, this is the same indication as the present series of recommended blocks, and no efficacy of the 10/16/01 block is available for review. This is critical. Documentation of improvement for defined durations may exist; they are not provided, however. The reviewers are correct; the effect of the previous lumbar sympathetic blocks is relevant and should be provided. It is possible that this intervention could benefit an exacerbation if the effect of the previous blocks were known in detail.
3. This determination rests on the Texas Worker's Compensation Commission requirements for adequate documentation of treatment and objective measurements of that treatment.
4. _____ is treating an unfortunate patient with a devastating condition. He should submit documented improvements and durations of these improvements from previous blocks. If the improvements have been significant for significant periods of time, lumbar sympathetic blocks should then be approved. The only objective evidence available at this time suggests increased narcotic requirements during the period of the lumbar blocks.

D. ADDITIONAL COMMENTS:

Narcotic analgesia appears to be the primary modality for controlling this patient's chronic pain syndrome. _____ is to be commended for trying different modalities in this near-insolvable complex disease. I hope that lumbar sympathetic blocks have provided clear long-term improvement and, therefore, may help again.

That evidence should be forthcoming, if available. If not, we should be guided by “first do no harm.”

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 14 May 2002